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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/575,510
		Filing Date	April 13, 2006
		First Named Inventor	Koichi NAGAMOTO
		Art Unit	3723
		Examiner Name	Dung V. Nguyen
Total Number of Pages in This Submission		Attorney Docket Number	1217-060907

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Kent E. Baldauf		
Date	August 14, 2007	Reg. No.	25,826

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Diane Paull	Date	Aug. 14, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket No. 1217-060907

AMENDMENT FEE TRANSMITTAL LETTER

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Appl. No.: 10/575,510 Filing Date: April 13, 2006
Examiner: Dung V. Nguyen Group Art Unit: 3723
Invention: Surface-Protecting Sheet and Semiconductor Wafer Lapping Method

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application has been averred.
 No additional fee is required.
 The fee has been calculated as shown below:

<u>No. of Claims After Amendment</u>	<u>Highest No. Previously Paid For</u>	<u>Present Extra</u>	<u>Small Entity Rate</u>	<u>Non-Small Entity Rate</u>	<u>Charge</u>
Total <u>9</u>	<u>20</u>	<u>0</u>	X \$ 25.00	X \$ 50.00	\$ <u>-0-</u>
Indep. <u>4</u> First Presentation of Multiple Dep. Claim	<u>3</u>	<u>1</u>	X \$100.00 + \$180.00	X \$200.00 + \$360.00	\$ <u>200</u> \$ <u>-0-</u>
			Total Additional Fee		\$ <u>-0-</u>

A check in the amount of \$ 200 is enclosed to cover the extra independent claim.
 The Commissioner is hereby authorized to charge payment of any additional fees required to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. This sheet is submitted in duplicate.
 Any additional filing fees required under 37 CFR 1.16.
 Any patent application processing fees under 37 CFR 1.17.

August 14, 2007
Date

08/17/2007 GFREY1 00000130 10575510
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Diane Paull
(Name of Person Mailing Document)

Diane Paull
Signature

08/14/2007
Date